

No. 300
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 11 1948
Registration District No. 100

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37155
Registrar's No. 22

Primary Registration District No. 3030

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Festus
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
216 Palliet st. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether)
In this community 5 Mo.
years, months or days

3. (a) PRINT FULL NAME John Alexander Myers
3. (b) If veteran, No
3. (c) Social Security No. No
name war

4. Sex MO
5. Color or race W
6. (a) Single widowed, married, divorced 2
6. (b) Name of husband or wife Sarah Violet H.
6. (c) Age of husband or wife if deceased years
7. Birth date of deceased April 6 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 1
If less than one day hr. min.

9. Birthplace Farmington Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer; retired

11. Industry or business Varied

12. Name Lafayette Myers
13. Birthplace Not Known Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Not Known White
15. Birthplace Not Known Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant L. O. Myers
(b) Address 216 Palliet st. Festus, Mo.

17. (a) Burial (b) Date thereof 12-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi, Mo.

18. (a) Signature of funeral director Lee Mottershead
(b) Address 14 Sato, Mo.

19. (a) Dec. 7, 1948 (b) (C. Dean) Belleville
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jefferson
(c) City or town De Soto
(If outside city or town limits, write "RURAL")
(d) Street No. East Main st. (Berg. Bldg.)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7
year 1948 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 4
1948 to 1948
that I last saw him alive on Dec. 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchogen carcinoma of
the lungs
Due to
Due to

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury
23. Signature Dr. B. B. B. (M. D. or other)
Address Festus, Mo. Date signed 12/12/48

RECEIVED
DISTRICT NO. 9,
DISTRICT NO. 9,
DEC 10 1948
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Andrew H. England, Registered Apprentice No. 232,
working under my personal supervision.

Signed John M. Muthus
Licensed Embalmer No. 3531

P. O. Address Dyseto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.